# ENCOUNTER KEYS

## MEDICARE REMINDER

Attempts made to collect Medicare/third party payment where payment is denied should be reported as "0" in the appropriate Medicare/third party payment encounter fields. This certifies that Medicare and/or the third party payer was billed but that no payment was received.

For additional explanation, refer to Chapter 7 of the Fee for Service manual. If further questions arise regarding the Medicare fields, please contact your Technical Assistant.

"All mankind love a lover."
Ralph Waldo Emerson

## Pneumococcal Conjugate Vaccine, Reclassified

According to the Health Care Financing Administration, (HCFA) the vaccine for Pneumococcal Conjugate, CPT 90669, is not Food and Drug Administration (FDA) approved. Effective with dates of service on and after 01/01/2000, this code has been **reclassified with an AHCCCS coverage code of 04 "Not Covered by AHCCCS /Not Available for encounter**

## U330 – ICD-9 PROCEDURE 1 AND DATE

The U330 (ICD-9 Procedure Code I and Procedure Date are both not present) has been effective since 1994. A program error was detected and corrected last year. Providers must include the procedure date when an ICD-9 procedure code is used on a UB-92. Further information may be found in the Fee-For-Service Provider Manual, Chapter 9 Page 9-14 through 9-15). Please note, both the ICD-9 procedure code and the date of the procedure must be present for the encounter to adjudicate. If either one of the fields is incomplete or inaccurate, the encounter will pend for this edit.

If you are having a problem with this edit, please contact your Technical Assistant for assistance.

*"All words are pegs to hang ideas on."*

*Henry Ward Brecher*

## Dilemmas!

For the months of January and February, pended encounters with the following error code conditions will not be sanctioned.

**Problem/Edit Code**

**Only the 80000 procedure codes and the Dental codes exceeding maximum allowed service units/S385**

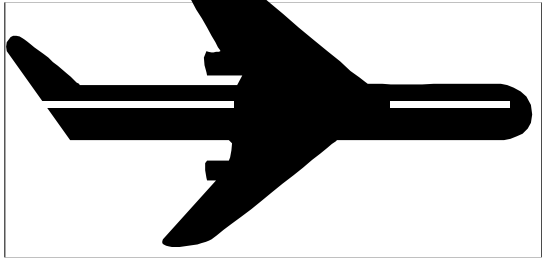Accommodation Days Spanning More Than 2 Tiers/**T020**

## FTP UPDATE

Please Note: A 'README. TXT' file is on the FTP server. This file will indicate the date Provider and Reference files on the server have been updated.

# MEDICARE COVERAGE CHANGES

The Office of the Medical Director (OMD) continues its review of Medicare guidelines on Psychiatric billing. As a result, AHCCCS has changed the Medicare coverage indicator for the codes listed below "to not covered by Medicare."

W2020   Emergency Crisis Mental Health; 15 minutes
W2021   Emergency Crisis Mental Health (2 member team)
W2030   Prep of Treatment Plan, Service Plan
W2050   Evaluation & Determination by Another Mental Health Practioner
W2052   Screening
W2150   Home Based Individual Therapy/Counseling (2 member team)
W2151   Home Based Individual Therapy/Counseling
W2152   Home Based Family Therapy/Counseling (Other Mental Health Practioner)

# Providers May Not Bill for Vaccine Administration under VFC

The following is a reprint from Claims Clues recently published in the January, 2000 issue. "Providers must not use the immunization administration CPT codes, 90471 or 90472, when billing for vaccines under the federal Vaccines for Children (VFC) Program.

Under the VFC program, providers are reimbursed a capped fee for administration of vaccines to Medicaid-eligible (Title XIX) recipients 18 and younger.

Providers must bill the CPT code for the immunization with the AHCCCS-specific "VA" modifier that identifies the immunization as part of the VFC program. Because the vaccine is made available to providers, they must bill only for administration of the vaccine and not for the vaccine itself.

# Change in Dai              imit

Procedure code Z3010 (Home Del
has a daily maximum limit of 5 an
encounters for Z3010 with units b
that have been pending for error c
ceed Maximum Allowed should cl
encounter any problems with this
tact your Technical Assistant.

lk not of wasted affection! Affec-
never was wasted. . ."
Henry Wadsworth Longfellow

...

Eagles may soar, but weasels don't get sucked into jet engines.

*"To catch the reader's attention, place an interesting sentence or quote from the story here."*

# BLANK

Blank

*The Office of the Medical Director reminds everyone that the
procedure codes 21365 — Open treatment of complicated (eg
comminuted or involving cranial nerve foramina) fracture(s) of*

# Organization

# BACK PAGE STORY HEADLINE

This story can fit 175-225 words.

If your newsletter is folded and mailed, this story will appear on the back. So, it's a good idea to make it easy to read at a glance.

A question and answer session is a good way to quickly capture the attention of readers. You can either compile questions that you've received since the last edition or you can summarize some generic questions that are frequently asked about your organization.

A listing of names and titles of managers in your organization is a good way to give your newsletter a personal touch. If your organization is small, you may want to list the names of all employees.

If you have any prices of standard products or services, you can include a listing of those here. You may want to refer your readers to any other forms of communication that you've created for your organization.

You can also use this space to remind readers to mark their calendars for a regular event, such as a breakfast meeting for vendors every third Tuesday of the month, or a biannual charity auction.

If space is available, this is a good place to insert a clip art image or some other graphic.